

HAPPY TAILS K9 TRAINING, LLC

Anxiety & Behavioral Issues Intake



CLIENT & DOG INFORMATION

Client name

Phone / email

Dog name / breed / age

Sex / spayed or neutered / time in home

Primary concerns (select all that apply)

- | | |
|--|---|
| ☐ Separation-related distress | ☐ Noise sensitivity |
| ☐ Fear of strangers | ☐ Fear of dogs |
| ☐ Fear of new places | ☐ Generalized anxiety |
| ☐ Destructive behavior | ☐ Excessive vocalization |
| ☐ Reactivity on leash | ☐ Resource guarding |
| ☐ Handling sensitivity | ☐ Aggression / bite concerns |

Other concerns or top three priorities



BEHAVIOR HISTORY & TRIGGERS

When did the behavior first appear? Any recent changes?

Describe a typical episode (before, during, after).

Known triggers, environments, people or animals involved

Frequency, duration, and recovery time

Body language (pacing, panting, trembling, freezing, hiding, etc.)

What helps the dog settle? What makes it worse?



SAFETY, HEALTH & TRAINING HISTORY

Has your dog ever:

- | | |
|---|--|
| ☐ Growled / snapped | ☐ Bit a person |
| ☐ Bit another animal | ☐ Escaped or attempted escape |
| ☐ Injured themselves during distress | ☐ Destroyed doors / crates |

If any incidents occurred: date, circumstances, injuries, and response

Veterinary concerns, pain, medications, recent exam, or referrals

Previous training methods, equipment, and outcomes

Daily routine: exercise, rest, alone time, enrichment, and household pets



GOALS & CLIENT ACKNOWLEDGMENT

What would successful training look like? List measurable goals.

Additional information the trainer should know

I understand that behavior change takes time and results cannot be guaranteed.

I agree to disclose known bite incidents, safety risks, and relevant health information.

This form is not a veterinary diagnosis; medical concerns may require veterinary evaluation.

Client typed signature (electronic acknowledgment)

Date

TRAINER'S ASSESSMENT & RECOMMENDATIONS

Observed behavior, risk factors, initial plan, and referrals if needed